

SCARBOROUGH MEDICAL GROUP

DANES DYKE SURGERY
463a SCALBY ROAD
SCARBOROUGH
YO12 6UB

Partners:
DR NICHOLAS WHELAN
DR MALCOLM ABRINES
DR MARK LAWS
Associates:
DR ANNE POLKEY
DR PETER BILLINGSLEY

DANES DYKE SURGERY
Tel: (01723) 375343
Fax: (01723) 501582

SOUTH CLIFF SURGERY
Tel: 01723 501610
Fax: 01723 506839

E.mail: SMG@gp-B82054.nhs.uk
www.scarboroughmedicalgroup.co.uk
VAT No 878638064

SOUTH CLIFF SURGERY
56 ESPLANADE ROAD
SCARBOROUGH
YO11 2AU

Partners:
DR KATH HALLORAN
Associates:
DR SHAHID RASHEED
DR TONY THOMAS
DR JENNI LAWRENCE
DR NICOLA COLE

Patient Participation Group Report 2013-14

Background

In 2011 the government launched a new 'directed enhanced service' which encouraged practices who did not already have a PRG to start one up and engage with the group, performing a specific series of actions over the year.

Our patient group has been in development/existence since June 2011 and it has been a valuable reference group for the practice since it was set up. There are currently 18 patients within the Patient Reference & Virtual Participation Groups. The Patient Reference group meets on a quarterly basis and the virtual group are opportunistically contacted for opinions via email.

DES Component 1

Practice Profile

There are currently 12,338 patients registered across Scarborough Medical Group (as of 14th March 2014); of those 7723 are registered at Danes Dyke and 4665 registered at South Cliff. The gender breakdown (%) of the practice is 49/51 (Male/Female).

We have a large age range within the practice but a predominantly older cohort:

Age bracket	Number of patients	% of practice population	% PRG Profile
0-15y	1633	13%	0%
16-24y	935	7%	0%
25-34y	1282	10%	10%
35-49y	2202	18%	0%
50-64y	2662	21%	28%
65-79y	2479	20%	48%
80-99y	1189	10%	14%
100+	6	1%	0%

31% of our practice population are aged 65 or over and 155 patients live in residential or nursing care homes. We also have a small number of patients with learning disabilities, drug and/or alcohol problems and the South Cliff branch has a number of students registered due to the nearby university.

We have been collecting the ethnicity of our patients over the last few years and we currently have 85% of the total populations ethnicity recorded, within this there is a small percentage that have refused to let the practice have their ethnicity. The vast majority of the patients' registered with the practice are British/White British.

Establishing the PRG

The aim of developing a PRG within Scarborough Medical Group is to ensure patients are involved in decisions about the range and quality of our services.

An analysis of the practice population was undertaken. This formed the basis of our action plan for indentifying a suitable group of patients for our representation group. We then specifically made arrangements to contact these groups of patients in the following ways:

- Advertising posters in the surgeries
- Leaflets available in surgeries
- Advertising on the digital display screen 'Amscreen' within the surgeries
- Article published on our website with information and electronic sign up form which is still available at www.scarboroughmedicalgroup.co.uk
- Recommendation by clinicians and reception team for individual patients

The practice continues to advertise the PRG/VPG to attract new members giving fresh ideas and thoughts to the group. We have recently had a change in our group with members retiring from it however we have had a number of new applicants.

Evidence enclosed

Appendix 1: A) poster, B) PPG application form

Profile of the PRG

Our face-to-face and virtual group has a total of 18 members, 6 male and 12 female. We have seven members aged between 16 and 64, and eleven members aged 65 and over.

Unfortunately despite personally inviting several younger members of our practice to join our patient group in its first year and continuing the recruitment drive throughout subsequent years, we haven't managed to increase the representation of the younger age groups which is a disappointment to us. We will continue to look at this. Our group comprises of those who work, some housewives and mostly retired people who form another substantial part of our practice population.

We spent some time thinking about how we could encourage more representation from other groups who make up part of our practice population. We decided to form a small virtual group of those who might find it hard to attend meetings, but who could participate by email or telephone to give us feedback and help us shape our services. This has enabled us to ensure that we get engagement and feedback from those who find it harder to attend regular meetings during the day and ensures that we consider their requirements in our discussions.

Whilst a group of manageable size can never be truly representative of all patients, we do believe that we have a very good cross section of different interests and responsibilities that represent our practice population. The combination of a face to face group and the virtual feedback ensures that we have managed to get a group which represents the key sections of our community.

DES Component 2

Issues for the Local Practice Survey

It was decided that as we were going to compare the outcome between the previous two years with this years results so we would leave the questionnaire exactly the same as the main areas of interest were covered.

Practice Survey

The questionnaire was left as per previous years.

Evidence enclosed

Appendix 2: A) minutes from the PPG meeting October 2013 B) local patient survey template

DES Component 3

Collating views and informing the PRG of the findings

The survey was developed in both paper and electronic format. We advertised the survey on the practice website, using the digital display AMSCREENS in the branches and through our reception teams. The survey was available for completion over a four week period.

The surgery had a total of 100 questionnaires completed. This was the lowest result we had over the past years despite being well promoted and encouragement by reception teams. The results of the survey were then collated using our online facility on the intranet. This ensured we had both paper and internet responses together. We then contacted the PRG and the VPG via email and in hard copy where members didn't have web access with a full copy of the results and the priorities based on patient feedback.

Evidence enclosed

Appendix 3: A) copy of email/letter, B) copy of results, C) copy of patient comments

DES Component 4 & 5

The PRG emailed back their comments and feedback; this formed the basis of the practice action plan.

Evidence enclosed

Appendix 4: A) table of action plan for 2013/14, 2012/13 and 2011/12 B) Patient newsletter file containing actions from plan made for last year and plan for the forthcoming year.

DES Component 6

This report will be available on the practice website no later than 31st March 2014. The report will be updated when necessary. The surgery will send a copy of the report to the PRG members and inform patients of the survey results via the quarterly newsletter (available online and in surgery). A copy of the report will be held in reception for any interested patients who cannot access the website.

Other DES components:**Opening hours:**

Scarborough Medical Group has three sites, Danes Dyke, South Cliff and Cloughton. The opening hours are as follows:

Danes Dyke (Main site)

Monday to Friday: - 8.00am – 6.30pm. We also operate an extended hour's service on Mondays between 6.30pm – 8pm. This service is for those patients who are unable to attend during normal surgery hours. We have GPs and a Nurse available during this period.

South Cliff

Monday to Friday: - 8.30am – 6pm

Cloughton

Monday: - 9am - 1pm

Tuesday: - 2pm - 4pm

Wednesday: - 9am – 1pm

Thursday: - 9am – 1pm

Friday: - 2pm- 4pm

GPs, Nursing and dispensing facilities are available at this branch during these hours.

- The main sites, Danes Dyke and South Cliff, take emergency phone calls between 8am – 8.30am.
- Neither of the main sites closes during 8am - 6/6.30pm.
- Phone calls between 6pm-6.30pm to South Cliff are transferred to Danes Dyke. From 6:30pm till 8am the following (workday) morning a message is added to our phone system advising patients to contact NHS 111.

The opening hours are available on the practice website, NHS Choices website and Patient leaflets which are available on site.

Appendix 1A

SMG PPG (Patient Participation Group) and VPG (Virtual Participation Group or COMMUNITY VOICES) – Get Involved!

We are looking for volunteers to join our PPG and VPG here at SMG.

Q. What is the purpose of a PPG/VPG?

A. Among other things we anticipate our PPG helping with the following:

1. Provide an avenue for patients' input in the way facilities and services are planned and executed, to add humanity to, and influence those services.
2. Create and improve two-way communication between patients, the Practice and the community it serves.
3. Collect patient opinions and experiences to help the practice to evaluate its services.
4. Be a forum to feedback to the practice suggestions for improvement to the services provided to the patients, to the organisation and to building and surrounds.

PPG

Our plan is to have a group of patients who reflect a cross section of our patient base who will meet roughly once every 3 months to discuss and plan changes in the surgery in areas that are identified by the group. The meeting will be attended by a practice representative who will be able to discuss issues with you and provide information to support ideas.

If you would be interested in being part of the PPG please see reception for further details.

VPG

Equally if you don't feel you would be able to commit your time once every 3 months but would like to be involved in decision making we are looking to develop a wider reference group VPG (virtual patient group) who we would seek opinions from via email and telephone.

If you would be interested in being part of the VPG please also see reception for further details.

SCARBOROUGH MEDICAL GROUP

Signing Up For Patient Participation Group – Patient Participation Group (PPG)

We are looking to add to our current patient participation group (PPG). We are looking for patients who would be willing to attend approximately 4 meetings a year which will be scheduled over lunchtime (attendance not essential 100% of the time). It is important to us that our patient group includes as wider representation of our practice list as possible therefore we ask that you complete this short application form so we can ensure we achieve this. Please find attached a specification of what we hope our PPG will represent

<i>Title (please tick or circle app box)</i>	Mr	Mrs	Miss	Ms
<i>First name:</i>				
<i>Surname:</i>				
<i>Email Address:</i>				
<i>Postcode:</i>				
The information below will help to make sure that we receive feedback from a representative sample of the patients registered at this practice.				
<i>Your gender:</i>	Male		Female	
<i>Your age (indicate appropriate age bracket):</i>	Under 16	17-24	25-34	35-44
	45-54	55-64	65-74	75-84
	Over 84			
The ethnic background with which you most closely identify is (please underline or circle):				
<i>White:</i>	British Group		Irish	
<i>Mixed:</i>	white & black Caribbean	white & black African	White & black Asian	
<i>Asian or Asian British:</i>	Indian	Pakistani	Bangladeshi	
<i>Black or black British:</i>	Caribbean		African	
<i>Chinese or other:</i>	Chinese		Any other	
How would you describe how often you come to the practice? (please underline or circle):				

Regularly	Occasionally	Very Rarely
OPTIONAL: Please tell us a little about you and what you feel makes a good general practice/family doctor service?:		
About this form:		
<p>Please note that we will not respond to any medical information or questions received through the survey.</p> <p>The information you supply us will be used lawfully, in accordance with the Data Protection Act 1998. The Data Protection Act 1998 gives you the right to know what information is held about you, and sets out rules to make sure that this information is handled properly.</p>		
<p style="text-align: center;">Please return this form to any of the branches within the Scarborough Medical Group clearly marked for the attention of Debbie Westmoreland, Practice Manager. An email will be sent confirming the receipt of your application.</p> <p style="text-align: center;">Thank you for offering to give some of your time to provide input into the development of the services we provide to our patients. The membership of the PPG is limited so as to make the meetings as effective as possible. We will contact you to let you know whether based on the current recruit's demographic background we have enrolled you onto our PPG. If the demographic position you represent has already been filled we will keep your application and invite you at a later date should a position arise. In the meantime your opinions are still very important to us so we would seek your approval to enrol you onto our CVG – Community Voices Group (details are available on our website)</p> <p style="text-align: center;">Thanks you very much for your input, every opinion matters.</p>		

**Scarborough Medical Group
Patient Participation Group Meeting
9th October 2013 at Danes Dyke Surgery**

Present: DELETED FOR ANONIMITY

Apologies: DELETED FOR ANONIMITY

1. Introduction of a new member

- DW welcomed JV as a new member to the group. She had been recommended to DW by JW who thought she would be a valuable member of the group.

2. CCG (Clinical Commissioning Group) – Progress and challenges so far – Dr Kath Halloran

- KH joined the meeting to give the group a bit of insight in to the main challenges facing the local CCG
- There are 2 main issues for the CCG board – firstly they have a statutory obligation to balance the books but secondly they want to ensure excellent quality from a clinical point of view
- The chair of the CCG, Phil Garnett, believes that in the end, good quality care will be cheaper
- The budgets received by the CCG at the beginning of April were all over the place! Adrian Snarr, Finance Director, has had quite a time of it trying to make some sense of the budgets
- Prescribing might still end up being over budget but we actually we don't appear to be in too bad a position in comparison with other years
- DW and KH both talked about medication changes – for example tablets to capsules, this can be a big difference in price
- KH acknowledged that it must be confusing for patients when we have to keep changing and swapping meds but we have to do this to try and keep costs down for the NHS
- There are also issues with game playing by drug companies with regards to pricing
- KH said we have been transparent in practice about the reasons for the medication swaps and hope that this makes it easier for patients to take on board the reason for the changes. This is also now being dealt with across the area so it should be more consistent from practice to practice
- JB said he didn't think that patients were aware just how much some medications cost – and suggested it might be useful to take a cross section of regular repeats prescriptions (with names removed for confidentiality) to display with cost of medications to make people aware of how expensive some regularly used drugs are
- LA said she likes the fact that when you order your medication online, if it isn't due yet, you aren't able to order it – and this is a good safeguard against overuse and stock-piling
- KH told the group that the two main areas of focus for reducing spending – prescribing (as discussed above) and the acute trust (York Foundation Trust)
- The YFT contract does look like it is going to be overspent this year but that isn't really down to the CCG, more down to how things are dealt with at the hospital
- Emergency / non-elective spend is up
- The CCG are trying to nail down services that aren't up to standard – sometimes this can be where the service in Scarborough is sub-standard to that offered in York

- KH then went on to talk about the Stroke service in Scarborough as an example. This is a good service “in hours” but out of hours just isn’t safe. What can we do? If the CCG were to pull the service from Scarborough/York, where would patients go? They would have to travel to Middlesbrough or Hull!
- These are the decisions that the CCG are having to make – making sure that we have a good, safe service for our patients locally – but also acknowledging that for some larger “once in a lifetime” operations, it is safer to have to travel a bit further to a bigger hospital with better facilities
- The CCG are also trying to achieve savings in follow up appointments in secondary care but have not received much support from YFT in this!
- The CCG are trying to ensure that follow-up appointments are appropriate but need to have the support of the consultants to make a difference in this
- Dr H then went on to talk about the role of the patient group and how it is helpful to have people who can help other patients to understand why we have to do what we have to do
- It’s also about understanding the shift of work – and why people should only be in hospital if no-one else can do what needs doing
- This will not work if patients are discharged without a clear management plan and this is what the CCG are trying to tackle at the moment. It is unacceptable to put patient care at risk
- LA made the very good point that there seems to be a problem with communication from the hospital. DW agreed that we would like to be able to work with secondary care to ensure patients have been fully investigated properly prior to referral to ensure time isn’t wasted, but the acute trust won’t communicate with us
- PS asked what the group can do about being a “collective voice”
- DW encouraged the group to spread the word about not wasting meds etc
- KH also said it would be really helpful if patients complained about poor care – the hospital needs to know what they are doing wrong.
- JR asked about the possibility of extending opening hours to alleviate problems in A&E. KH explained that this is not currently in our contract to do this
- The main problem with A&E in Scarborough is that there are ever increasing clinical pathways that force GPs to admit patients via A&E! DW explained that all practices have a handful of patients who are “frequent flyers” – chaotic users of emergency services and we try to work with the patient and the hospital to try and reduce these attendances
- KH told the group about the pragmatic approach used in Holland whereby there is a triage at the front of A&E where patients who can be dealt with by a GP are directed to GP services rather than going through A&E
- This was put forward as a possibility in Scarborough but the hospital didn’t want this as they didn’t want to lose the income from the attendances in A&E
- The walk in clinic (Castle Health Centre) was discussed. This is a good service but is expensive to run – this all comes out of the CCG budget. DW advised that CHC has quiet periods between 6pm and 8pm so extended hours is not actually supported by patient demand – perhaps by desire but not by demand
- KH pointed out that the NHS wasn’t originally set up to do everything for everybody – this just isn’t sustainable and some changes do need to be made.

3. SMG Annual patient questionnaire

- DW asked the group for feedback on the questionnaire – is there anything they would like us to ask specifically and do they feel the questions we ask are relevant?
- The group all felt that the questions were relevant

- JV suggested that we could put the website address on the questionnaire as this would be a good way of advertising our website
- DW shared with the group some feedback that SN had emailed back to her for discussion with the group. SN had suggested that we could perhaps put in a question asking for people's experience of Scarborough Hospital, however, DW advised that we have tended to shy away from canvassing opinion on organisations over which we have no control.
- DW advised the group about the Scarborough Hospital "Family and Friends" questionnaires which is aimed at improving patient care and identifying underperforming services
- JV said she found the SMG website really helpful and felt there was everything a patient would need there.

4. CQC (Care Quality Commission) – information previously circulated to PPC reps by email on the 09.08.13

- DW gave a bit of background information to the group about the CQC and what this has meant for GP practices
- This has been a very complicated and difficult area for practices to get their heads around
- On the whole, there is a good level of primary care services in this area
- Primary care has historically not been very good at documenting what it does well – with policies / outcomes etc
- The CQC have provided guidance and required standards but it is all down to interpretation
- As of April 2013 we are now monitored by the CQC. We haven't been inspected yet but 7 practices locally have been
- The CQC are keen to take to PPG members when they come to do a visit – and will usually give 48 hours notice.

5. Clinical Commissioning Group PPG meeting feedback

- At the last meeting, best practice was discussed. There was a lot of input from West Ayton and Filey surgeries who both have very pro-active Patient Participation Groups
- Other than that, as has been usual at past meetings, LA said they had been left feeling again like it was just a box-ticking exercise and that the CCG weren't actually that interested in what the patient reps had to say

Appendix 2B – *This is a separate attachment; see links*

Appendix 3A

Copy of email sent to PPG & VPG members

Dear members of the Scarborough Medical Group Patient Participation Group (PPG) and Virtual Participation Group (VPG)

The Patient Participation Group (PPG) met in October to review the questions to be included in the annual practice survey. It was agreed the questions would be kept the same for purpose of drawing a comparison between last year's responses and this. The survey was available for patients to complete in the surgery as a hard copy or on the website digitally. We advertised the survey on the website, using the digital display AMSCREENS (promotional screens in waiting areas) in the branches and through our reception teams.

I am pleased to attach the results of this survey but regret to inform you we have received our lowest response yet. We received 100 completed questionnaires despite stating the drive for completion earlier than ever. However we did have less "nil" answers than in previous years which gives a more complete picture per patient. On a positive note we now have three years worth of comparative data. The attached survey results file has three columns, the first contains the percentage results of the 2013/14 survey, the second contains the 2012/13 survey and the third contains the results of the 2011/12 survey. The second attachment is the free text comments that were submitted as part of the survey responses which contain the comments from this year's survey only.

POINTS TO NOTE

- After a brief review of the data myself a thought occurred to me that to make the comparison statistically relevant we probably would have needed to survey the same people as last year but a year on to see if their opinion might have changed. This would have allowed a direct comparison of service year on year. This would however have been impossible due to the need for anonymity under the circumstance.
- The answers should probably be "weighted" using some clever formulary to take into account the variances in circumstances to provide a true comparison but I'm afraid I am just not clever enough for this!

All in all a very worthwhile exercise I hope you agree but the comparison probably doesn't work the way we had hoped it would due to the number of variances, however it is still a valuable indication. I would be very grateful of your feedback. The comments may provide more to go on in regard to and work we could possibly do to improve?

The next stage is to formulate a plan on what our action points should be for this year, based on the results of the survey and this is where I hope you can help. If you could have a look through the attached information and let me have a couple of pointers on what you interpret to be required here that would be very much appreciated.

The stage following this will be to begin planning our actions and looking at whether they are possible, affordable, realistic etc and then communicating these to our patients via the newsletter and our website as we did last year.

Appendix 3B

SCARBOROUGH MEDICAL GROUP - PRACTICE SURVEY 2013/14

100 responses were received to the 2013/14 survey, 208 to the 2012/13 and 150 to the 2011/12 survey the results of these are below.

	2013/14	2012/13	2011/12
Q1 Which of the branches at Scarborough Medical Group do you most regularly use?			
Danes Dyke	69%	40%	57%
South Cliff	30%	57%	42%
Cloughton	0%	1%	0%
Q2 Have you been seen at other branches within the group?			
Yes	48%	34%	47%
No	51%	65%	51%
Q3 In general, how do you rate the receptionists at the practice?			
Very helpful	81%	89%	87%
Fairly helpful	18%	9%	11%
Not very helpful	1%	0%	0%
Not at all helpful	0%	0%	0%
Don't know	0%	0%	0%
Q4 Thinking back to the last time you spoke to the reception team on a routine enquiry basis, did they ask you to confirm we have all the correct contact details for you? For example address, home & mobile telephone numbers.			
Yes	58%	61%	64%
No	40%	35%	34%
Q5 How do you normally book your appointments at your practice? Please tick all boxes that apply.			
In person	31%	25%	35%
By phone	79%	80%	76%
Online	20%	8%	16%
Doesn't apply	0%	0%	0%
Q6 Do you find the practice website useful?			
Yes	34%	23%	30%
No	3%	6%	6%
Didn't know there was one	40%	57%	52%
Q7. Do you find the practice newsletter useful? (You can sign up to receive this through the website)			
Yes	22%	10%	16%
No	2%	1%	0%
Didn't know there was one	69%	77%	78%
Q8 In general, do you feel you are treated with courtesy and respect by practice staff?			
Yes	98%	91%	98%
No	1%	0%	0%
Q9 In the past 6 months, how easy have you found the following:			
a) Getting through on the phone?			

Haven't tried	4%	5%	8%
Very easy	62%	53%	50%
Fairly easy	29%	28%	29%
Not very easy	5%	2%	6%
Don't know	0%	0%	0%
b) Speaking to a doctor on the phone?			
Haven't tried	56%	54%	41%
Very easy	7%	5%	16%
Fairly easy	13%	7%	15%
Not very easy	4%	3%	6%
Don't know	7%	12%	6%
c) Speaking to a nurse on the phone?			
Haven't tried	62%	57%	50%
Very easy	2%	5%	12%
Fairly easy	11%	3%	6%
Not very easy	2%	2%	4%
Don't know	8%	13%	11%
d) Obtaining test results on the phone?			
Haven't tried	37%	42%	33%
Very easy	26%	16%	28%
Fairly easy	15%	9%	14%
Not very easy	2%	1%	1%
Don't know	6%	11%	6%
e) Ordering your repeat prescription?			
Haven't tried	19%	26%	22%
Very easy	54%	48%	46%
Fairly easy	8%	4%	10%
Not very easy	0%	0%	0%
Don't know	5%	4%	6%
Q10 In the past 12 months how many times have you seen a doctor?			
1 to 2	17%	22%	21%
3 to 4	34%	31%	30%
5 to 6	22%	19%	16%
7 to 9	14%	7%	14%
10 or more	12%	10%	14%
Q10a How do you rate the way you were treated by the doctor?			
Excellent	77%	69%	77%
Good	23%	19%	20%
Fair	0%	0%	0%
Poor	0%	0%	0%
Does not apply	0%	1%	0%
Q11 How long did you wait for your consultation to start?			
Less than 5 minutes	5%	11%	6%
5 – 10 minutes	67%	52%	60%
11 – 20 minutes	22%	24%	24%
21 – 30 minutes	5%	3%	5%

More than 30 minutes	1%	0%	0%
There was no set time for my consultation	0%	0%	1%
Q12 In the past 12 months how many times have you seen a nurse or health care assistant?			
1 to 2	54%	41%	48%
3 to 4	22%	25%	24%
5 to 6	6%	6%	4%
7 to 9	4%	0%	2%
10 or more	11%	9%	6%
Q12a How do you rate the way you were treated by the nurse or health care assistant?			
Excellent	71%	63%	70%
Good	24%	17%	16%
Fair	1%	1%	2%
Poor	0%	0%	0%
Does not apply	2%	4%	1%
Q13 If you need to see a doctor urgently, can you normally do so within 24 hours?			
Yes	80%	64%	68%
No	6%	3%	5%
Can't remember	12%	15%	15%
Q14 If you weren't able to be seen urgently, why was that?			
There weren't any appointments	11%	12%	12%
Times offered didn't suit	6%	6%	7%
Appointment was with a doctor I didn't want to see	7%	4%	4%
A nurse was free but I wanted to see a doctor	0%	0%	1%
Was offered an appointment at a branch surgery	5%	3%	2%
Another reason	2%	6%	3%
Q15 Are you?			
Male	44%	38%	44%
Female	56%	54%	50%
No answer	0%	8%	6%
Q16 How old are you?			
16 to 24	1%	6%	2%
25 to 34	6%	5%	6%
35 to 49	11%	15%	8%
50 to 64	16%	25%	31%
65 to 79	55%	33%	40%
79 or over	11%	6%	6%

Appendix 4
Action plan 2013/14

<i>Area to be addressed</i>	<i>How</i>	<i>By When</i>	<i>By Whom</i>	<i>Reviewed</i>	<i>Completed</i>
Message board bleep too quiet	To look at settings	March 2014	DW/SW	As per last year nothing else we are able to do	March 2014
Longer apts	To discuss with the clinical teams	September 2014	DW/Clinical teams		
After 6pm apts	Extended hours apts	March 2015	DW/Partners		
Promotion of newsletters	Notice boards at both sites, AMSCREEN	April 2014	SW/SM	Yes – notice board updated promoting all online facilities & Amscreen	March 2014

Action plan 2012/13

<i>Area to be addressed</i>	<i>How</i>	<i>By When</i>	<i>By Whom</i>	<i>Reviewed</i>	<i>Completed</i>
Music & local radio in the waiting room	Changed to Radio 2 as patients did not like local radio – see last years’ action plan. Due to cost implications with PRS we do not play CDs	March 2013	DW	As required	March 2013
Message board bleep too quiet	To look at settings	May 2013	DW/KE	Bleep set to highest possible	May 2013
Message board scrolling	To look at settings	May 2013	DW/KE		May 2013
Car parking at DD	Previously discussed. We are unable to increase the parking due to space and cost implications. At the SC branch there is only on-street parking available and we have never found there to be a problem	March 2013	DW/ GP Partners		Feb 2013

Action plan 2011-12

Area to be addressed	How	By When	By Whom	Reviewed	Completed
Prescription Window at DD	To be discussed with surgery staff to seek opinion	April/May 2012	DW		
Music in reception	Change from the local radio station	March 2012	Reception		March 12
Car parking at DD	Item on the agenda for next PRG meeting in April and to discuss with partners – this would require substantial capital investment	Through 2012/13	PPG, DW & GP Partners		March 2013
Magazines/Papers (DD)	To look into with view to infection control	April 12	KE/Surgery staff		June 12
Clock in the waiting room (DD)	A clock shall be purchased for the waiting room.	April 12	KE		June 12
Nurse appointments bookable online	This has been discussed at previous PRG meetings. See minutes. To communicate through newsletter in 2012.	2012	PPG, DW, nurses & partners		March 2013
Patient Call System	The time the patients name/room appears on the board has been increased from 3 to 6 seconds per patient.	March 2012	DW	Nov 12 (next survey)	Yes – March 12
Newsletters	Copies will be placed on notice-boards and in waiting rooms for patients to read.	May 2012 (next update due)	SW/KE	Quarterly	May 12
Online Services	To promote online services – appointment booking, prescription request	May 2012 (next update due)	SW/KE/DW		May 12
Patient Group	Promote the PRG on notice boards	Through 2012	staff		Ongoing
Text Service	Promote we offer free appointment reminder service	May 2012 (next update due)	SW/KE/DW		Ongoing
Improve uptake of questionnaire for 2012/13	To consider changes with PPG for next year	2012 PPG meetings			March 2013

Appendix 4B – *This is a separate attachment; see “Patient Update Vol. 9 March 14”* This shows actions and progress made on survey results